

REQUEST FOR ADA PROJECT FUNDING

Fair Organization:

Project Site Title:

Estimate of total
cost for project:

Amount of ADA funding
requested:

PROJECT SCOPE *(describe the project site in terms of what kinds of work needs to be done and its location on the fairgrounds)*

JUSTIFICATION AS AN ADA PROJECT *(describe how, by what criteria, and by whom the project site was identified as ADA project)*

NEED FOR ADA PROGRAM FUNDING *(explain why the fair organization requires ADA funding from F&E to complete the project)*

PROJECT PRIORITY *(explain the urgency or priority of this project in terms of its impact on the facility's accessibility for disabled persons)*

ADA PROJECT SITES SURVEY

Fair organization: _____

List of Priorities for Year 2003/2004:

PRIORITY	PROJECT SITE DESCRIPTION	FAIR FUNDS	DONATION	OTHER F&E PROGRAM SUPPORT	ADA FUNDING REQUESTED	TOTAL PROJECT COST
1						\$ -
2						\$ -
3						\$ -
4						\$ -
5						\$ -
6						\$ -
7						\$ -
8						\$ -
9						\$ -
10						\$ -
11						\$ -
12						\$ -
13						\$ -
14						\$ -
	TOTALS \$	\$ -	\$ -	\$ -	\$ -	\$ -

California Department of Food and Agriculture
Division of Food and Agriculture

Attachment B

2001/2003 Millennium Flex Program
Claim for Reimbursement (1)

Fair Name and Number: _____

Contact Person and Phone Number: _____

Project Name	Project Description (brief and concise)	Millennium Flex Program Category (2) (Identify by Category Number. Refer to Instruction Guide.)	Total Project Cost	Requested Reimbursement Amount (3)	Comments (optional)
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Total Dollars:	\$	-	\$	-
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Footnotes:

(1) In an effort to make the Claim for Reimbursement process efficient for the fair please submit reconciled project claims of \$5,000 or more.

(2) Millennium Flex Program categories include: travel & registration for compliance training; backstretch improvements; address an audit or health/safety concern; purchase of I.T. upgrades and office equipment; real estate analysis, development, and planning; equipment exchange; and capital improvements (refer to the 2001/2002 Expenditure Plan for a complete list).

(3) Show total dollar amount. Do not round. Maintain a file of all invoices, receipts and purchase documents for Audit Office purposes.

California Department of Food and Agriculture
Division of Fairs and Expositions

MILLENIUM FLEX PROGRAM

2002/2003 Funding Application*

Section A: Contact Information

Organization name and number

Contact name

() -

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Phone number

Fax number

E-mail address

Field Code Changed

Field Code Changed

Field Code Changed

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Section B: Funding Requested

Amount of Millennium Flex Program funds requested:

Section C: Project Description

Describe the scope of the project and a description of the intended outcome/benefit.
Also explain how the project, address Key Issues identified and audit findings.

* This funding application is to be completed for fair's with a composite performance rating of "B". All fairs are required to submit the "Claim for Reimbursement" form (Attachment B) and are responsible to ensure that the claim for reimbursement adheres to the Millennium Flex Program guidelines.

California Department of Food and Agriculture
Division of Fairs and Expositions

MILLENNIUM FLEX PROGRAM

2002/2003 Funding Application*

Organization Name and Number _____

Section D: Project Budget

List the projected expenses by Millennium Flex Category and total and indicate any additional sources of funding. If "Other" is used, please explain. Attach additional pages, if necessary.

Project Expenses	Description	Amount
Category 1:		
Category 2:		
Category 3 :		
Category 4:		
Category 5:		
Category 6:		
Category 7:		
Category 8:		
Category 9:		
Category 10:		
Category 11:		
Category 12:		
TOTAL EXPENSES:		

Project Funding	Amount
Millennium Flex:	
Fair Match:	
Other:	
TOTAL FUNDING:	

NOTE: The fair organization is responsible for all project expenses *in excess* of approved Millennium Flex Program reimbursements.

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California Department of Food and Agriculture
Division of Fairs and Expositions

MILLENIU FLEX PROGRAM

2002/2003 Funding Application*

Section E: Additional Information

Provide any additional information relating to you proposal.

Chief Executive Officer (SIGNATURE)

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FAIR
DIVISION OF FAIRS AND EXPOSITIONS
MAJOR MAINTENANCE PROGRAM
2003/2004 PROJECT BUDGETS

SOURCE OF ESTIMATE	PROJECT TITLE	FAIR FUNDS	DONATION	OTHER F&E PROGRAM FUNDS	MMP PROGRAM FUNDS	TOTAL PROJECT COST
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
	TOTALS \$	\$0	\$0	\$0	\$0	\$0

FAIR: _____
DIVISION OF FAIRS AND EXPOSITIONS
MAJOR MAINTENANCE PROGRAM
2003/2004 PROJECT DESCRIPTION FORM

Project Title: _____ Total Project Cost: _____

PROJECT SCOPE *(describe specifically what needs to be done)*

HEALTH/SAFETY RISK *(evaluate the severity of risk to public health and safety. This may be identified in your most recent California Fairs Services Authority (CFSA) Safety Report.)*

NEED FOR F&E PROJECT FUNDING SUPPORT *(explain why the fair needs funding from F&E to complete the project)*

BENEFITS OF THE PROJECT, CONTINGENCY PLAN IF PROJECT NOT APPROVED *(quantify revenue impact, cost/benefit, capital recovery, describe any related health and safety impact, contingency plan if the project is not approved)*

REQUIRED PROJECT COMPLETION DATE *(provide project completion date. Identify as to whether the completion date is critical or non-critical. If critical, please explain. If the project must be completed before fair, please attach a detailed explanation of the emergency nature of the project)*

Required Completion Date: _____

Before fair: YES ☐

NO ☐

Completion Date Not Critical ☐